

.....

facsimile transmission

To: Beckey NJ DEP

Fax: 609-633-9839

From: Bob Richardson

Date: 2/4/04

Re: De-activating NJD #'s

Pages: 1

CC: John Konar

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

.....

Becky:

As per our earlier conversation, the reason for De-activating the following NJD numbers are because this company no longer does business from these locations. The numbers we need De-activated are: NJD986631256 - *not on* NJD986631265

NJD980537138

NJD002156669

- *deact. 2-4-04* } *(BB)*
- *deact 2-4-04*

If you have any questions, please do not hesitate to call. Your anticipated cooperation in this matter is greatly appreciated

Best Regards,

BR
Bob Richardson

Hydromer, Inc.

908-526-2828

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To: Beckey NJ DEP

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From: Bob Richardson

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Beckey:

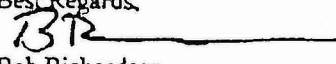
As per our earlier conversation, the reason for De-activating the following NJD numbers are
because this company no longer does business from these locations. The numbers we need De-
activated are: ~~NJD986531250~~ - not or NJD986431265

NJD980537138

NJD002156669

If you have any questions, please do not hesitate to call. Your anticipated cooperation in this
matter is greatly appreciated

Best Regards,


Bob Richardson

Hydromer, Inc.

908-526-2828



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/30/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD002156669

FACILITY NAME -> HYDROMER INC

MAILING ADDRESS -> 35 COLUMBIA RD
BRANCBURG, NJ 08876

INSTALLATION ADDRESS -> 35 COLUMBIA RD
BRANCBURG, NJ 08876

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: JOAN, TOMA
RESEARCH SCI
HYDROMER INC
35 COLUMBIA RD
BRANCBURG, NJ 08876



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ N00004156667

UNIMED, INC
35 COLUMBIA RD
SOMERVILLE

NJ 08876

INSTALLATION ADDRESS

35 COLUMBIA RD
SOMERVILLE

NJ 08876



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)			035								
C	N	I	D	0	0	2	1	5	6	6	6	9	T/A	C				8	8	0	8	0	1	Somerset
F														1										

UNIMED, INC.

[illegible][illegible][illegible][illegible]

	Name and Title (<i>last, first, and job title</i>)	Phone Number (<i>area code and number</i>)
C	MCGOUGH, JILL A. JR.	(708) 691-1234

2	MCCONNON KUBERT					2015266897
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V. Ownership

[illegible]

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
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<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input type="checkbox"/> 1b. Less than 1,000 kg/mo. <input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification
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☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'Y' in the appropriate box/es)

☐ A-1 ☐ B-2 ☐ C-1 ☐ D-3 ☐ E-4

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (*specify*) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent

C. Installation's EPA ID Number

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only																
C															T/A	C
W																1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Robert Mc Cormack</i>	Name and Official Title (type or print) Dir. Marketing Communications	Date Signed 7-29-88
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BRANCH
PERMITS ADMINISTRATION
1988 AUG 11 PM 2:25
NEW YORK
AGENCY REGION 11
FEDERAL GOVERNMENT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MJD0002156669

II. Name of Installation (Include company and specific site name)

HYDROMER INCORPORATED

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street: BUILDING # (OR) LOCATION & DIRECTION FROM NEAREST CROSS STREET

35 COLUMBIA ROAD

Street (continued)

City or Town

BRANCHBURG

State

ZIP Code

NJ 08876-

County Code

County Name

1805 SOMERSET

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

35 COLUMBIA ROAD

City or Town

BRANCHBURG

State

ZIP Code

NJ 08876-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

JOAN

(first)

TOMA

Job Title

RESEARCH SCIENTIST

Phone Number (area code and number)

908-526-2828

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

35 COLUMBIA RD

City or Town

BRANCHBURG

State

ZIP Code

NJ 08888-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

BRANCHBURG PROPERTIES

Street, P.O. Box, or Route Number

66 COLUMBIA ROAD

City or Town

BRANCHBURG

State

ZIP Code

NJ 08888-

Phone Number (area code and number)

908-722-9100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

09

Day

01

Year

94

Hydromer move in Sept 93. Unimol entered out 2 yrs ago per Farrell 1/23/95 10:20 M.C. Call Farrell (908) 534-9034

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220-lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> 1. Smelter/Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control		1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)					
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))					
F0005 F0003 D0001 D0035					
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)					
1 F0005	2 F0003	3 D0001	4 D0035	5	6
7	8	9	10	11	12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)					
1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL GENERATOR <i>Marrell VP</i>	Name and Official Title (type or print) STEVEN F. FARRELL VP & CFO	Date Signed 19 JAN 95
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

AGENTS
CAN NOT
SIGN -